



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation/Division of Motor Carriers
PO Box 2007, Frankfort, KY 40602-2007
ATTN: OW/OD ACCT: 702
Phone (502) 564-1257 Fax (502) 564-0992
Walk-ins: 8:00 A.M. - 4:00 P.M. EST
<http://transportation.ky.gov/Motor-Carriers>

TC 95-10
Rev. 8/15

THIS IS NOT A PERMIT

STATE FEE: \$60.00

KENTUCKY OVERWEIGHT/OVERDIMENSIONAL PERMIT WORKSHEET

TRANSMITTAL COMPANY IF APPLICABLE _____		PERSON COMPLETING APPLICATION _____	
KYU # _____	US DOT # _____	PHONE # _____	
(Vehicles in excess of 59,999 lbs need a permanent KYU or a temporary KYU.)			
CARRIER / DRIVER _____		VEHICLE YEAR _____	VEHICLE MAKE _____ UNIT # _____
ADDRESS _____		LICENSE PLATE # _____	STATE OF LICENSE _____
CITY _____	STATE _____	ZIP _____	VIN # _____
TRIP START DATE _____		EQUIPMENT OR LOAD DESCRIPTION _____	
OVERALL LENGTH	_____ FT. _____ IN.	WEIGHT BREAKDOWN <u>MUST</u> BE IN GROUPS:	
OVERALL WIDTH	_____ FT. _____ IN.	(1) _____ LBS.	(2) _____ LBS.
OVERALL HEIGHT	_____ FT. _____ IN.	(3) _____ LBS.	(4) _____ LBS.
TRAILER LENGTH	_____ FT. _____ IN.	_____ Number of Axles	_____ Number of Axles
OVERHANG FRONT	_____ FT. _____ IN.	_____ Number of Axles	_____ Number of Axles
OVERHANG REAR	_____ FT. _____ IN.	(5) _____ LBS.	(6) _____ LBS.
		(7) _____ LBS.	(8) _____ LBS.
GROSS WEIGHT	_____ LBS.	_____ Number of Axles	_____ Number of Axles
TOTAL NUMBER OF AXLES	_____	_____ Number of Axles	_____ Number of Axles
ORIGIN	_____	DESTINATION	_____
ROUTES	_____		

REMARKS	_____		

ALL FIELDS MUST BE COMPLETED. Applications received after 2 pm est. will not be processed until the following business day. Travel allowed 24/7 for most loads with the exception of mobile homes, and house moves. The provisions will be printed on the bottom of the permit. If a bridge analysis is required it may take up to 10 additional business days to process your application. Permits will be processed in the order they are received. Should your company need a temporary KYU a \$40.00 charge will be incurred in addition to the \$60.00 Overweight/Overdimensional permit fee. There will be a 4% processing fee for each credit card transaction.

FAX #: _____

CARD NUMBER: _____
(American Express, Discover, Master Card and Visa only)

Exp. Date: _____
MM/YYYY

SIGNATURE OF APPLICANT: _____

DATE: _____